

SESSION SCHEDULE CHECKLIST

lule Form.
1. Please include your State License Number (EX: G-0005670), if applicable.
2. A correct fax number must be provided in order for the Office to fax a license.
3. Organization Official must complete the amount of rent per session and provide a lease, if applicable.
4. When submitting a request to <i>add or delete</i> a session(s), <i>organization official and commercial lessor/non-commercial lessor</i> must sign the form approving the session(s).
5. List all dates and times of events. Enter the starting time of a session as the time the organization will begin selling paper/pulltabs. Circle AM or PM, Length, and Add or Delete.
 6. Additional Session Schedule A. If organization has events at more than one location, complete a form for each location and include lease agreement, if applicable. B. List all dates, times and length of sessions for each additional location.
 7. Lease Agreement A. If organization is paying rent for any location, submit a signed lease agreement. B. Lease agreements must include all dates and times organization is to conduct gaming activities.
 8. When changing schedule of dates and times, give specific dates and times. Use the Calendar Schedule for changing multiple sessions. A. Circle add or delete B. Circle a.m. or p.m. C. Enter the time. D. Enter the length of session: 2 hours, 4 hours or 6 hours. Session cannot exceed 6 hours.
9. The second and subsequent revisions to your license must be accompanied by a \$25 check , made payable to "Office of Charitable Gaming" and written on the gaming account.

If you have questions concerning any application information, contact the Office at 1-800-562-9235 or locally at 225-925-1835. You may also visit our website at www.ocg.louisiana.gov.



Office of Charitable Gaming
PO BOX 98502, Baton Rouge, LA 70884-9502
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069 www.ocg.louisiana.gov

Session Schedule

O	RIGINAL APPLIC	CATION			License Year Ending 6/30/20				
☐ R	ENEWAL					State Lice	nse Number:		
☐ R	EQUEST CHANG	E TO LICENS	SE			G			
		*** Pleas	e use one form	per location w	here games a	re played **			
Name	of Organization						Organization Fax N (where you want the li		
							()		
Name	of Building Where Ga	mes are Conducte	d		Building Phon	e #	Building Fax Numb	er	
					()		()		
Physic	al Address of Building	(Include City & Z	Zip Code)		I.		Parish of Building		
Amo (Attac	unt of rent per sess h copy of rental or leas	sion: \$ e agreement)		Check her	e if building is ow	ned by organizat	tion or provided free	of charge.	
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	Office of	f Charitable Gami	ng	Sta	te License # G-	
Organization Nan	ne:	Signature (Required)	of Organization Office	ial Approval:	Date signed:	Organization Phone #
Building Where C	Games are Held:	Lessor (Ha	ll) Approval (Require	ed)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Number	er (where you want the license	faxed):	1	
Building Address	:	() Check if this s	schedule will dele	te all session	s previously subm	itted for this month.
					(five) business days in	
		2. Submit the en	tire year's schedule to	o avoid addition	nal charges and/or dela	ys.
		3. Enter time and	d length of session an	d circle AM or	PM and Add or Delete).
	<u> </u>		July 2012			
Sunday	Monday	Tuesday	Wednesday	Thursda	ay Friday	Saturday
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If any requested session conflicts with another organization's scheduled session, yours will not be approved. The Office has the right to deny modification if the organization is in arrears.

	Office	of Charitable Gamin	g	Sta	te License #G-	
Organization Name	: :	Signature of (Required)	f Organization Official	Approval:	Date signed:	Organization Phone #:
Building Where Ga	ames are Held:	Lessor (Hal	l) Approval (Required)		Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Number	r (where you want the license fa	xed)		
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	Office	of Charitable Gamin	1	State Lice	nse #G-				
Organization Nam	ne:	Signature (Required)	of Organization Official	Approval:	Date	Signed:	Organization Phone #:		
Building Where G	ames are Held:	Lessor (Ha	ll) Approval (Required))	Date	Signed:	Hall Contact Phone #:		
Rent Amount \$		Fax Numb	Fax Number (where you want the license faxed)						
Building Address:		 Change reques Submit the ent 	ts must be submitted no ire year's schedule to av length of session and c	later than 5 (twoid additional	five) busin charges a	ness days in advanc and/or delays.			
			September 2012	2					
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	Office of	Charitable Gami	ing	Sta	ate License #G-	
Organization Na	me:	Signature (Required)	of Organization Official Approval:		Date signed:	Organization Phone #:
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	Office of (Charitable Gamin	1σ	Sta	te License #G-	
Organization Name			Organization Officia	al Approval:	Date Signed:	Organization Phone #:
Building Where Ga	ames are Held:	Lessor (Hall) Approval (Required	d)	Date Signed:	Hall Contact Phone #:
Rent Amount \$		Fax Number	(where you want the license f	axed)		
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	Office of	of Charitable Gamin	ng	S	tate License	#G-		
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Building Where Ga	mes are Held:	Lessor (Ha	ll) Approval (Required)	Date Sig	ned:	Hall Contact Phone #:	
Rent Amount \$		Fax Number	er (where you want the license faxe	d)	'			
Building Address:		 Change reque Submit the en 	Check if this schedule will delete all sessions previously submitted for this month. 1. Change requests must be submitted no later than 5 (five) business days in advance. 2. Submit the entire year's schedule to avoid additional charges and/or delays.					
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Building Where Ga	mes are Held:	Lessor (Hall) Ap	proval (Required)		Date signed:	Hall Contact Phone #:
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If any requested session conflicts with another organization's scheduled session, yours will not be approved.

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	Office of	Charitable Gaming			State Licen	se #G-	
Organization Name:		Signature of (Required)	Organization Official A	pproval:	Date s	igned:	Organization Phone #:
Building Where Gam	es are Held:	Lessor (Hall)	Approval (Required)		Date s	igned:	Hall Contact Phone #:
Rent Amount \$		Fax Number (where you want the license fax	ed)	l	1	
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	Office	of Charita	ble Gaming			State Licer	nse #G-	
Organization Name:			Signature of (Required)	Organization Official	Approval:	Date	signed:	Organization Phone #:
Building Where Gar	nes are Held:		Lessor (Hall) Approval (Required)			Date	signed:	Hall Contact Phone #:
Rent Amount \$			Fax Number	r (where you want the license	faxed)	•		
Building Address:		 Cha Sub 	nge requests r mit the entire	e will delete all session nust be submitted no layear's schedule to avoing the of session and circ	ater than 5 (f id additional	five) busines charges an	ss days in advance d/or delays.	
	_			March 2013				
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Holidays: March 17 th – St. Patrick's Day March 29 th – Good Friday March 31 st – Easter Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.							Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
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	Office o	f Charitable Gam	ing	Star	te License #G-	
Organization Nar	ne:	Signature (Required)	of Organization Offic	ial Approval:	Date signed:	Organization Phone #:
Building Where C	Games are Held:	Lessor (Ha	all) Approval (Require	ed)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Numb	er (where you want the license	faxed)		
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			April 2013			
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	Office of	f Charitable Gamin	Sta	State License #G-								
Organization Name	:	Signature of (Required)	Organization Offici	al Approval:	Date signed:	Organization Phone #:						
Building Where Games are Held: Lessor (Hal) Approval (Require	ed)	Date signed:	Hall Contact Phone #:						
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1. Q 2. S		 Change request Submit the entition 	eck if this schedule will delete all sessions previously submitted for this month. Change requests must be submitted no later than 5 (five) business days in advance. Submit the entire year's schedule to avoid additional charges and/or delays. Enter time and length of session and circle AM or PM and Add or Delete.									
May 2013												
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If any requested session conflicts with another organization's scheduled session, yours will not be approved. The office has the right to deny modification if organization is in arrears.

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PM

26

Add

Time:

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AM

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27

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Office of Charitable Gaming						State License #G-					
Organization Name	:	Signature ((Required)	Signature of Organization Official Approval: (Required)			signed:	Organization Phone #:				
Building Where Games are Held:		Lessor (Ha	Lessor (Hall) Approval (Required)			signed:	Hall Contact Phone #:				
Rent Amount \$		Fax Numb	Der (where you want the license	e faxed)	•						
Building Address:		 Change reques Submit the entities 	lule will delete all sessits must be submitted no ire year's schedule to average the length of session and city	later than 5 (and additional	five) busin l charges a	ness days in advanc and/or delays.					
		T	June 2013								
Sunday Holiday : June 16 ^t	Monday	Tuesday	Wednesday	Thu	sday	Friday	Saturday 1				
Holidays are liste	_	on only. There may l ays.	be others not listed.				Add Delete Time: AM PM Length:				
2	3	4	5	6		7	8				
Add Delete	Add Delete	Add Delete	Add Delete		elete	Add Delete	Add Delete				
Time:	Time:	Time:	Time:	Time:		Time:	Time:				
AM PM	AM PM	AM PM	AM PM		M	AM PM	AM PM				
Length:	Length:	Length:	Length:	Length:		Length:	Length:				
9	10	11	12	13		14	15				
Add Delete	Add Delete	Add Delete	Add Delete		elete	Add Delete	Add Delete				
Time:	Time:	Time:	Time:	Time:	Nπ	Time:	Time:				
AM PM	AM PM	AM PM Length:	AM PM		M	AM PM Length:	AM PM				
Length:	Length:		Length:	Length:			Length:				
16 Add Delete	17 Add Delete	18 Add Delete	19 Add Delete	20 Add De	elete	Add Delete	Add Delete				
Fime:	Time:	Time:	Time:	Time:	riete	Time:	Time:				
AM PM	AM PM	AM PM	AM PM		M	AM PM	AM PM				
Length:	Length:	Length:	Length:	Length:	141	Length:	Length:				
23	24	25	26	27		28	29				
Add Delete	Add Delete	Add Delete	Add Delete	Add De	elete	Add Delete	Add Delete				
Time:	Time:	Time:	Time:	Time:		Time:	Time:				
AM PM	AM PM	AM PM	AM PM	AM P	M	AM PM	AM PM				
Length:	Length:	Length:	Length:	Length:		Length:	Length:				
30		If any requested session conflicts with another organization's scheduled session, yours will not be approved.									
Add Delete		The office has the right to deny modification if organization is in arrears.									
Time:		8									
AM PM											
Length:											